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Fill in this information to identify your case:	
Debtor 1 Justin D. Debaltz Debtor 2	Check if this is: ☐ An amended filing
(Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12
Case number (If known)	

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case)
	Your full name	Justin	N/A
	Muito the manage that is an array	First name	First name
	Write the name that is on your government-issued picture identification (for example,	D. Middle name Debaltz	Middle name
	your driver's license or passport).	Last name	Last name
	Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
_	All other names you have	<u>N/A</u>	N/A
	used in the last 8 years.	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
		N/A	N/A
		First name	First name
		Middle name	Middle name
		Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)

Deb	Case 17-14526 otor 1 Justin D. Debaltz	Doc 1 Filed 05/09/17 Entered Document Page 2 o	05/09/17 15:05:51 Desc Main Case number:
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	XXX-XX-4667	N/A
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years. Include trade names and doing business as names.	I have not used any business names or EINs N/A Business name N/A Business name N/A EIN N/A EIN	I have not used any business names or EINs N/A Business name N/A Business name N/A EIN N/A EIN
5.	Where you live	9 East Streamwood Boulevard Number Street Streamwood IL 60107 City, State, Zip Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. N/A Number Street	If Debtor 2 lives at a different address: N/A EIN
6.	Why you are choosing this district to file for	City, State, Zip Code Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer	Over the last 180 days before filing this petition, I have lived in this district longer

than in any other district.

U.S.C. § 1408.)

N/A

☐ I have another reason. Explain. (See 28

than in any other district.

U.S.C. § 1408.)

N/A

I have another reason. Explain. (See 28

Pa	Tell the Court Al	bout	Your Ba	nkruptcy Case				
7.	The chapter of the Bankruptcy Code you are			For a brief description of eac			c. § 342(b) for Individuals Filing for priate box.	
	choosing to file under		Chapter	7				
			Chapter	11				
			Chapter	12				
		\boxtimes	Chapter	r 13				
-								
8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's local court for more details about how you may pay. Typically, if you are paying yourself, you may pay with cash, cashier's check, or money order. If your attorn submitting your payment on your behalf, your attorney may pay with a credit case a pre-printed address.				you are paying the fee er. If your attorney is				
				o pay the fee in installr viduals to Pay Your Filing	, sign and attach the <i>Application</i> m 103A).			
			7. By latis less to pay the	w, a judge may, but is no han 150% of the official p he fee in installments). If	hat my fee be waived (You may request this option only if you are filing for Chapa judge may, but is not required to, waive your fee, and may do so only if your incomplete in 150% of the official poverty line that applies to your family size and you are unable in installments). If you choose this option, you must fill out the <i>Application to Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.			
9.	Have you filed for	\boxtimes	No					
	bankruptcy within the last 8 years?		Yes	District N/A	When		Case number	
	luot o youro.		. 00	District P471	viioii	MM/DD/YYYY		
				District N/A	When	MM/DD/YYYY	Case number	
				District N/A	When		Case number	
						MM/DD/YYYY		
10.	Are any bankruptcy cases pending or being		No					
	filed by a spouse who is not filing this case with		Yes	Debtor N/A				
	you, or by a business partner, or by an affiliate?			District	When	MM/DD/YYYY	Case number	
				Debtor N/A			Relationship	
				District	When		Case number	
						MM/DD/YYYY		
11.	Do you rent your residence?		Yes. Has	to line 12. s your landlord obtained an o dence?	eviction judgment	against you and d	o you want to stay in your	
				No. Go to line 12. Yes. Fill out <i>Initial Stateme</i> with this bankruptcy petition		ion Judgment Aga	ninst You (Form 101A) and file it	

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Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or

Part 4:

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

Yes.

No.

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1: You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

> Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

If you believe you are not required to receive a briefing about credit counseling, you must file

a motion for waiver of credit counseling with

the court.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): I certify that I asked for credit I certify that I asked for credit counseling services from an approved counseling services from an approved agency, but was unable to obtain those agency, but was unable to obtain those services during the 7 days after I made my services during the 7 days after I made my request, and exigent circumstances merit request, and exigent circumstances merit a a 30-day temporary waiver of the 30-day temporary waiver of the requirement. requirement. To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet requirement, attach a separate sheet explaining what efforts you made to obtain the explaining what efforts you made to obtain the briefing, why you were unable to obtain it briefing, why you were unable to obtain it before you filed for bankruptcy, and what before you filed for bankruptcy, and what exigent circumstances required you to file this exigent circumstances required you to file this case. case. Your case may be dismissed if the court is Your case may be dismissed if the court is dissatisfied with your reasons for not dissatisfied with your reasons for not receiving receiving a briefing before you filed for a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing must still receive a briefing within 30 days within 30 days after you file. You must file a after you file. You must file a certificate certificate from the approved agency, along from the approved agency, along with a copy with a copy of the payment plan you of the payment plan you developed, if any. If developed, if any. If you do not do so, your you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is Any extension of the 30-day deadline is granted only for cause and is limited to a granted only for cause and is limited to a maximum of 15 days. maximum of 15 days. I am not required to receive a briefing I am not required to receive a briefing about credit counseling because of: about credit counseling because of: Incapacity. I have a mental illness Incapacity. I have a mental illness or or a mental deficiency a mental deficiency that that makes me incapable makes me incapable of of realizing or making realizing or making rational decisions about rational decisions about finances. finances. Disability. My physical disability Disability. My physical disability causes me to be unable to causes me to be unable to participate in a briefing participate in a briefing in person, by phone, or in person, by phone, or through the internet, even through the internet, even after I reasonably tried to after I reasonably tried to I am currently on active Active duty. I am currently on active Active duty. military duty in a military duty in a military military combat zone. combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a motion for waiver of credit counseling with

the court.

Pa	art 6: Answer These G	Quest	ions for Reporting Purpos	es			
16.	What kind of debts do you have?	16a.	"incurred by an individual print No. Go to line 16b. Yes. Go to line 17. Are your debts primarily money for a business or inve No. Go to line 16c. Yes. Go to line 17.	narily r bus stmer	sumer debts? Consumer debtor a personal, family, or houseld iness debts? Business debts at or through the operation of the last are not consumer debts or business.	are de busir	ebts that you incurred to obtain less or investment.
17.	Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?			7. Do	Go to line 18. you estimate that after any exer id that funds will be available to		
18.	How many creditors do you estimate that you owe?		1-49 50-99 100-199 200-999		1,000 - 5,000 5,001 - 10,000 10,001 - 25,000		25,001 - 50,000 50,001 - 100,000 More than 100,000
19.	How much do you estimate your assets to be worth?		\$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million		\$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001, to \$100 million \$100,000,001 to \$500 million		\$500,000,001 to \$1 billion \$1,000,000,001 to \$10 billion \$10,000,000,001 to \$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?		\$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million		\$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001, to \$100 million \$100,000,001 to \$500 million		\$500,000,001 to \$1 billion \$1,000,000,001 to \$10 billion \$10,000,000,001 to \$50 billion More than \$50 billion

Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Justin D. Debaltz 05/04/2017 Debtor 1 MM/DD/YYYY

For your attorney, if you are represented by one

Note that BkAssist is licensed for use only by attorneys. If you are not represented by an attorney, you may not file this petition.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

s/ Jeffrey Whitehead	05/04/2017
Attorney for Debtor(s)	MM/DD/YYYY

Jeffrey Whitehead

Printed name

Whitehead & Associates, LLC

Firm name

19 South LaSalle Street

Number Street **Suite 1202**

Chicago IL 60602

City, State, ZIP Code

jeffwhitehead_2000@yahoo.com 312-648-0473 Email address

Contact phone

6280034

Bar number

 Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pa	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$14,725.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$14,725.00
Pa	Summarize Your Liabilities	
		Your liabilities Amount you owe
. .	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$20,389.0
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$32,924.5
	Your total liabilities	\$53,313.52
Pa	Summarize Your Income and Expenses	
ı.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$5,660.4
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J.	\$4,603.00

P	art 4:	Answer These Questions for Administrative and Statistical Records	
6.	Are □	e you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with schedules. Yes	your other
7.	Wh ⊠ □	at kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check submit this form to the court with your other schedules.	•
8.		om the Statement of Your Current Monthly Income (Official Form 122A-1, 122B, or 122C-1): by your total current monthly income from line 11	\$9,027.78
9.	Cop	py the following special categories of claims from Part 4, line 6 of Schedule E/F:	
Fre	m P	art 4 on <i>Schedule E/F,</i> copy the following:	Total claim
	9a.	Domestic support obligations (Copy line 6a.)	\$0.00
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
	9d.	Student loans. (Copy line 6f.)	\$0.00
	9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
	9f. I	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
	9g.	Total. Add lines 9a through 9f.	\$0.00

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Fill in this information to identify your ca	se:		
Debtor 1 Justin D. Debaltz			
Debtor 2			
(Spouse, if filling)		☐ Che filing	ck if this is an amended
United States Bankruptcy Court for the Northern	District of Illinois		
Case number (If known)			
Official Form 106A/B			
Schedule A/B: Proper	ty		12/15
he category where you think it fits best. Be as conqually responsible for supplying correct informated ditional pages, write your name and case number 1: Describe Each Residence, Bu	ation. If more space is needed, attach a separa	ate sheet to this form. C	n the top of any
. Do you own or have any legal or equital	ble interest in any residence, building, la	nd, or similar proper	ty?
No. Go to Part 2.			
Yes. Where is the property?		_	
2. Add the dollar value of the portion you entries for pages you have attached for	own for all of your entries from Part 1, in Part 1. Write that number here		
	Tart I. Write that number nere:		
Part 2: Describe Your Vehicles			
Do you own, lease, or have legal or equitable vehicles you own that someone else drives. If Leases.			
3. Cars, vans, trucks, tractors, sport utility	vehicles, motorcycles		
□ No. ☑ Yes.			
3.1 Make: <u>Lexus</u>	Who has an interest in the property? Check	Do not deduct secured Put the amount of any	
Model: <u>350GS</u>	Debtor 1 only Debtor 2 only	Schedule D: Creditors Secured by Property.	
Year: <u>2010</u>	Debtor 1 and Debtor 2 only At least one of the debtors and another	, , ,	Current value of
Approximate mileage: 101000	Check if this is community property	Current value of the entire property?	the portion you own?
Other information:	(see instructions)	\$12,500.00	\$12,500.00
	and other recreational vehicles, other v		
Watercraft, aircraft, motor homes, ATVs Examples: Boats, trailers, motors, persona	ıl watercraft, fishing vessels, snowmobiles, ı	notorcycle accessorie	S
	ll watercraft, fishing vessels, snowmobiles, ı	notorcycle accessorie	s

Part 3:

Describe Your Personal and Household Items

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Desc Main
Case number:

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	b you own or have any legal or equitable interest in any of the following items? (List the current value of the fluct secured claims or exemptions)	portion you own. Do not
6.	Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware	
	□ No Yes (Basic Household Goods \$700.00, D1)	\$700.00
7.	Electronics <i>Examples:</i> Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No □ Yes (Television, Home Computer and Cell Phone \$250.00, D1)	\$250.00
8.	Collectibles of value <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	No No Yes	
9.	Equipment for sports and hobbies <i>Examples:</i> Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	No No Yes	
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	No No Yes	
11.	Clothes <i>Examples:</i> Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	□ No Yes (Basic Wearing Apparel \$1,000.00, D1)	\$1,000.00
12.	Jewelry <i>Examples:</i> Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	□ No Yes (Costume Jewelry \$25.00, D1)	\$25.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	No No Yes	
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	NoYes	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$1,975.00
	Describe Your Financial Assets	
	you own or have any legal or equitable interest in any of the following? (List the current value of the portion pured claims or exemptions)	you own. Do not deduct

Doc 1

16.	Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	
	No No United States Currency \$125.00 (D1)	\$125.00
17.	Yes United States Currency \$125.00 (D1)	<u> </u>
	□ No ⊠ Yes Checking Account \$125.00 (D1)	\$125.00
18.	Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts	
	☑ No ☐ Yes	\$0.00
19.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture	
	☑ No □ Yes	\$0.00
20.	Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.	
	No Yes	\$0.00
21.	Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	NoYes	\$0.00
22.	Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company. Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others	
	No Yes	\$0.00
23.	Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	
	No Yes	\$0.00
24.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified state tuition plan as defined in 26 U.S.C. § 529(b)(1).	
	☑ No □ Yes	\$0.00
25.	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit	
	⊠ No □ Yes	\$0.00
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements	
	No Yes	\$0.00

Doc 1

27.	Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional	al licenses
	No ☐ Yes	\$0.00
28.	Tax refunds owed to you Give specific information about them, including whether you already filed the returns and the tax years	
	No No Yes	\$0.00
29.	Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, pastlement	property
	No No Yes	\$0.00
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else	
	No No Yes	\$0.00
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. Name the insurance company of each policy and the beneficiary, and list its value	
	No No Yes	\$0.00
32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled receive property because someone has died.	d to
	NoYes	\$0.00
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue	
	No ☐ Yes	\$0.00
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the cand rights to set off claims	debtor
	No☐ Yes	\$0.00
35.	Any financial assets you did not already list	
	No☐ Yes	\$0.00
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you attached for Part 4. Write that number here	
Pa	Describe Any Business-Related Property You Own or Have an Interest In. List ar	ny real estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property? No. Go to part 6. Yes. Go to line 38.	
Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have If you own or have an interest in farmland, list it in Part 1.	e an Interest In.

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Debt	or 1	Case 17-14526 Justin D. Debaltz	Doc 1	Filed 05/09/17 Document	Entered 05/09/2 Page 14 of 52	17 15:05:51	Desc Main Case number:
	proi ⊠	you own or have any leg perty? No. Go to part 7. Yes. Go to line 47.	al or equita	able interest in any f	arm- or commercial fi	shing-related	
Par	t 7:	Describe All Propo	erty You O	wn or Have an Intere	est in That You Did No	t List Above	
	Exar \sqr	you have other property mples: Season tickets, countr No Yes	y club memb	ership			\$0.00
54.	Add atta	the dollar value of all of ched for Part 7. Write the	f your entri at number	es from Part 7, inclu here	ding any entries for p	ages you have	
Par	t 8:	List the Totals of I	Each Part o				
55.	Part	t 1: Total real estate, line	2				
56.	Part	t 2: Total vehicles, line 5			<u> </u>	\$12,500.0	<u>o</u>
57.	Part	t 3: Total personal and h	ousehold i	tems, line 15	<u> </u>	\$1,975.0	<u>o</u>
58.	Part	t 4: Total financial assets	s, line 36		······ <u> </u>	\$250.0	<u>o</u>
59.	Part	t 5: Total business-relate	ed property	, line 45			_
60.	Part	t 6: Total farm- and fishi	ng-related	property, line 52			_
61.	Part	t 7: Total other property	not listed,	line 54			_
62.	Tota	al personal property. Add	d lines 56 th	rough 61			\$14,725.00

\$14,725.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

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Fill in this information to identify your case:	
Debtor 1 Justin D. Debaltz Debtor 2	
(Spouse, if filing)	Check if this is an amended
United States Bankruptcy Court for the Northern District of Illinois	filing
Case number	
(If known)	

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the Property You Claim as Exemp	ρt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming Illinois Exemptions and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- . For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Am	ount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
2010 Lexus 350 GS (Line 3)	\$12,500.00		\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
Basic Household Goods (Line 6)	\$700.00	⊠ □	\$700.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Television, Home Computer and Cell Phone (Line 7)	\$250.00		\$250.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Basic Wearing Apparel (Line 11)	\$1,000.00		\$1,000.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Costume Jewelry (Line 12)	\$25.00		\$25.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
United States Currency (Line 16)	\$125.00		\$125.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

Case 17-14526
Debtor 1 Justin D. Debaltz

Filed 05/09/17 Doc 1 Document

Entered 05/09/17 15:05:51 Desc Main Case number:

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Checking Account (Line 17)	\$125.00	\$\frac{\$125.00}{100\% \text{ of fair market value, up to any applicable statutory limit}}	735 ILCS 5/12-1001(b)
Total	\$14,725.00	\$2,225.00	
No	and every 3 years after the	an \$160,375.00? at for cases filed on or after the date of adjusted in within 1,215 days before you filed this ca	,

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Fill in this information to identify your case:	
Debtor 1 Justin D. Debaltz Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois Case number (If known)	Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

Part 1: List All Secured Claims

List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of the collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1 Kinecta Federal Credit Union Creditor's Name 1 Corporate Drive Number Street Suite 360 Lake Zurich IL 60047 City, State, ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred: 02/12/2015	Describe the property that secures the claim: 2010 Lexus 350 GS As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number: 0244	\$20,389.00	\$12,500.00	\$7,889.00
Add the dollar value of your entries in Column A. V	Nrite that number here:	\$20,389.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Fill in this information to identify you	ur case:	
Debtor 1 Justin D. Debaltz		
Debtor 2		
(Spouse, if filing)	filing	is is an amended
United States Bankruptcy Court for the North	thern District of Illinois	
Case number (If known)		
Official Form 106E/F		
	rs Who Have Unsecured Claims	12/15
List the other party to any executory contract A/B: Property (Official Form 106A/B) and on creditors with partially secured claims that a		on Schedule o not include any e space is
1. Do any creditors have priority unsecure No. Go to Part 2. Yes.	ed claims against you?	
Part 2: List All of Your NONPRIO	DRITY Unsecured Claims	
3. Do any creditors have nonpriority unse No. You have nothing to report in this Yes.	ecured claims against you? s part. Submit this form to the court with your other schedules.	
priority unsecured claim, list the creditor se	claims in the alphabetical order of the creditor who holds each claim. If a creditor leparately for each claim. For each claim listed, identify what type of claim it is. Do not le creditor holds a particular claim, list the other creditors in Part 3.If you have more that Page of Part 2.	ist claims
		Total claim
4.1 American Web Loan	Last 4 digits of account number:	\$2,000.00
Nonpriority Creditor's Name 2121 N. 14th Street	When was the debt incurred: UNKNOWN	
Number Street Suite 130	As of the date you file, the claim is: Check all that apply Contingent	
Ponca City OK 74601	☐ Unliquidated ☐ Disputed	
City, State, ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☑ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
□ Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Personal Loan	
Is the claim subject to offset?		
No Yes		

	•	
		Total claim
4.2	Last 4 digits of account number: 3397	\$340.00
Comenity Bank/Buckle Nonpriority Creditor's Name	When was the debt incurred: 10/06/2014	
PO Box 182273	As of the date you file, the claim is: Check all that apply	
Number Street	☐ Contingent ☐ Unliquidated	
Columbus OH 43218 City, State, ZIP Code	☐ Disputed	
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
4.3	Last 4 digits of account number:049	\$1,563.00
Comenity Bank/Express Nonpriority Creditor's Name	When was the debt incurred: 01/21/2015	
PO BOX 182789		
Number Street	As of the date you file, the claim is: Check all that apply Contingent Unliquidated	
Columbus OH 43218 City, State, ZIP Code	Disputed	
Who incurred the debt? Check one. ☑ Debtor 1 only	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that	
Debtor 1 and Debtor 2 only At least one of the debtors and another	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt Is the claim subject to offset?	Other. Specify Credit Card	
M No ☐ Yes		
4.4	Last 4 digits of account number:	
Comenity Bank/Harlem	-	\$1,029.00
Nonpriority Creditor's Name PO Box 182789	When was the debt incurred: 04/09/2013	
Number Street	As of the date you file, the claim is: Check all that apply ☐ Contingent	
Calumbua Oli 42240	☐ Unliquidated ☐ Disputed	
Columbus OH 43218 City, State, ZIP Code	- '	
Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that	
Debtor 1 and Debtor 2 only At least one of the debtors and another	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt Is the claim subject to offset?	☑ Other. Specify Credit Card	
No Yes		
4.5	Last 4 digits of account number: 2069	\$2,812.65
Comenity Bank/Room Place Nonpriority Creditor's Name	When was the debt incurred: UNKNOWN	
PO Box 182789 Number Street	As of the date you file, the claim is: Check all that apply	
	☐ Contingent ☐ Unliquidated	
Columbus OH 43218	Disputed	
City, State, ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only Debtor 2 only	Student loansObligations arising out of a separation agreement or divorce that	
Debtor 1 and Debtor 2 only	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	Other. Specify Credit Card	
Is the claim subject to offset? No		
Yes		

Doc 1

		Total claim
4.6	Last 4 digits of account number:	\$215.00
Direct TV Nonpriority Creditor's Name	When was the debt incurred: 12/01/2016	
PO Box 6550 Number Street	As of the date you file, the claim is: Check all that apply Contingent Unliquidated	
Englewood CO 80155 City, State, ZIP Code Who incurred the debt? Check one. ■ Debtor 1 only ■ Debtor 2 only ■ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another ■ Check if this claim is for a community debt Is the claim subject to offset? ■ No ■ Yes	 □ Disputed Type of NONPRIORITY unsecured claim: Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Collection Account 	
4.7	Last 4 digits of account number: -5132	\$210.00
Fifth Third Bank Nonpriority Creditor's Name	When was the debt incurred: UNKNOWN	
38 Fountains Square Plaza Number Street	As of the date you file, the claim is: Check all that apply Contingent Unliquidated	
Cincinnati OH 45263	Disputed	
city, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
4.8	Last 4 digits of account number: -0001	\$9,017.00
First Midwest Bank Nonpriority Creditor's Name	When was the debt incurred: 12/03/2015	
PO Box 580 Number Street	As of the date you file, the claim is: Check all that apply Contingent Unliquidated	
Joliet IL 60434	☐ Unliquidated ☐ Disputed	
city, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Personal Loan	
4.9	Last 4 digits of account number: 5272	\$1,500.00
Loan Depot Nonpriority Creditor's Name	When was the debt incurred: UNKNOWN	
Number Street	As of the date you file, the claim is: Check all that apply Contingent Unliquidated	
Foothill Ranch CA 92610 City, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	 □ Disputed Type of NONPRIORITY unsecured claim: Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Personal Loan 	

	Total claim
Last 4 digits of account number: -2 16	\$3,103.00
When was the debt incurred: 08/19/2016	
As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	
Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Personal Loan	
Last 4 digits of account number: 8484	\$5,852.00
When was the debt incurred: 02/04/2016	
As of the date you file, the claim is: Check all that apply Contingent Unliquidated	
 □ Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Personal Loan 	
Last 4 digits of account number: -0069	\$183.87
As of the date you file, the claim is: Check all that apply Contingent Unliquidated	
Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Collection Account	
Last 4 digits of account number: -5987	\$2,620.00
When was the debt incurred: 12/04/2015	
As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	
Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Personal Loan	
	When was the debt incurred: 08/19/2016 As of the date you file, the claim is: check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Personal Loan Last 4 digits of account number: 8484 When was the debt incurred: 02/04/2016 As of the date you file, the claim is: check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number: -0069 When was the debt incurred: 06/26/2016 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account Last 4 digits of account number: -5987 When was the debt incurred: 12/04/2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Doc 1

		Total claim
4.14 SYNCB/Care Credit	Last 4 digits of account number: 7577	\$1,301.00
Nonpriority Creditor's Name PO Box 965036 Number Street Orlando FL 32896 City, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	When was the debt incurred: 12/05/2014 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes 4.15 TARGET	Other. Specify Credit Card Last 4 digits of account number: 6813	\$1,178.00
Nonpriority Creditor's Name PO BOX 660170 Number Street Dallas TX 75266	When was the debt incurred: 12/22/2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	
City, State, ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	

Part 3: List Others to Be Notified for a Debt That You Already Listed

 Use this page only if you have others to be notified example, if a collection agency is trying to collect fit then list the collection agency here. Similarly, if you the additional creditors here. If you do not have add this page. 	rom you for a debt you owe to somed a have more than one creditor for any	one else, list the original creditor in Parts 1 or 2, or the debts that you listed in Parts 1 or 2, list
1	On which entry in Part 1 or	r Part 2 did you list the original creditor?
BLATT, HASENMILLER, LEIBSKER & MOORE LLC Creditor's Name 10 S LASALLE ST	Line <u>4.3</u> of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Number Street SUITE 2200	Last 4 digits of account nu	mber:
Chicago IL 60603 City, State, ZIP Code		
2	On which entry in Part 1 or	r Part 2 did you list the original creditor?
Blitt and Gaines Creditor's Name 661 Glenn Avenue	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Number Street	Last 4 digits of account nu	mber:
Wheeling IL 60090 City, State, ZIP Code		

On which entry in Part 1 or Line <u>4.6</u> of <i>(Check one)</i> :	Part 2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account nur	mber:
On which entry in Part 1 or	Part 2 did you list the original creditor?
Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account nu	mber:
	Line 4.6 of (Check one): Last 4 digits of account nu On which entry in Part 1 or Line 4.12 of (Check one):

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. Domestic support obligations	6a	\$0.00
i uit i	6b. Taxes and certain other debts you owe the government		\$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here	6d.	\$0.00
	6e. Total Add lines 6a through 6d.	6e.	\$0.00
Total claims from Part 2	6f. Student loans	6f.	\$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here	6i.	\$32,924.52
	6j. Total. Add lines 6f through 6i.	6j.	\$32,924.52

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Fill in this information to identify your case:		
Debtor 1 Justin D. Debaltz		
Debtor 2 (Spouse, if filing)	П	Check if this is an amended
United States Bankruptcy Court for the Northern District of Illinois		filing
Case number (If known)		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Pers	son or company with whom you have the contract or lease	ease State what the contract or lease is for				
2	Carriage Real Estate Creditor's Name 9 Streamwood Blvd Number Street	Residential	Lease			
	Streamwood IL 60107 City, State, ZIP Code					

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☐ Yes

No. Go to line 3.

Doddinent 1 age 25 of 52	
Fill in this information to identify your case:	
Debtor 1 Justin D. Debaltz Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois Case number	☐ Check if this is an amended filing
(If known)	
Official Form 106H Schedule H: Your Codebtors	12/15
Codebtors are people or entities who are also liable for any debts you may have. Be as comppeople are filing together, both are equally responsible for supplying correct information. If r fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this p write your name and case number (if known). Answer every question.	nore space is needed, copy the Additional Page,
 Do you have any codebtors? (If you are filing a joint case, do not list either spouse No 	as a codebtor.)

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? Yes. In which community state or territory did you live? . Fill in the name and current address of that person. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor

Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

Column 2: The creditor to whom you owe the debt

Check all schedules that apply

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Part 2:

Fill in this information to identify your case:	
Debtor 1 Justin D. Debaltz Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois Case number (If known)	Check if this is: An amended filing A supplement showing post-petition chapter 13 income as of
United States Bankruptcy Court for the Northern District of Illinois	post-petition chapt

Official Form 106l

Schedule I: Your Income

Give Details About Monthly Income

12/15

For Debtor 2 or

> non-filing spouse

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Describe Employment** 1. Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information ☐ Employed **Employment status** □ Not employed □ Not employed If you have more than one job, Occupation Manager attach a separate page with information about additional Employer's name Sears Holdings Corporation N/A employers. **Employer's address** 3333 Beverly Road N/A Hoffman Estates, IL 60179 Include part-time, seasonal, or N/A How long employed there? 3 years self-employed work. Occupation may include student or homemaker, if it applies.

For Debtor 1

2.	List monthly gross wages, salary, and commissions before all payroll deductions). 1. If not paid monthly, calculate what the monthly wage would be.		\$9,027.78	
3.	Estimate and list monthly overtime pay. 3.		\$0.00	
4.	Calculate gross income. Add line 2 + line 3.	. [\$9,027.78	
5.	List All payroll deductions:			

Calculate gross income. Add line 2 + line 3.	4.	\$9,027.78	
List All payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$2,517.62	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	
5e. Insurance	5e.	\$849.69	
5f. Domestic support obligations	5f.	\$0.00	

					For Debt	or 1	For Debtor or non-filin spouse
	5g.	Union dues		5g.	\$	0.00	
	5h.	Other deducti	ons. Specify:	5h.	\$	0.00	
ò.	Add	I the payroll de	ductions. Add lines 5a through 5h	6.	\$3,36	7.32	
	Cald	culate total mo	nthly take-home pay. Subtract line 6 from line 4.	7.	\$5,66	0.46	
	List	all other incon	ne regularly received:				
	8a.	Net income from farm	om rental property and from operating a business, profession,	8a.	\$	0.00	
			nent for each property and business showing gross receipts, ecessary business expenses, and the total monthly net income.				
	8b.	Interest and d	ividends	8b.	\$	0.00	
	8c.	Family supporegularly rece	rt payments that you, a non-filing spouse, or a dependent ive	8c.	\$	0.00	
		Include alimon	y, spousal support, child support, maintenance, divorce settlement, ettlement.				
	8d.	Unemploymen	nt compensation	8d.	\$	0.00	
	8e.	Social Securit	у	8e.	\$	0.00	
	8f.	Other government	nent assistance that you regularly receive	8f.	\$	0.00	
		you receive, su	ssistance and the value (if known) of any non-cash assistance that sich as food stamps (benefits under the Supplemental Nutrition gram) or housing subsidies. Specify:				
	8g.	Pension or re	tirement income	8g.	\$	0.00	
	8h.	Other monthly	ncome. Specify:	8h.	\$	0.00	
	Add	l all other incor	ne. Add lines 8a-8h.	9.	\$	0.00	
		,	income. Add line 7 + line 9. ne 9 for Debtor 1 and Debtor 2 or non-filing spouse.		10.	\$5	,660.46
•		te all other reguicial Form 106.	lar contributions to the expenses that you list in <i>Schedule J</i>		11.		\$0.00
			s from an unmarried partner, members of your household, your ommates, and other friends or relatives.				
			amounts already included in lines 2-10 or amounts that are not available to in <i>Schedule J</i> (Official Form 106J).				
	Spe	cify:					
2.	write	e that amount or	on lines 10 and 11. The result is the combined monthly income. Also the Summary of Your Assets and Liabilities and Certain Statistical Form 106Sum) if it applies.		12.	\$5	,660.46
3.	Do	you expect an i	ncrease or decrease within the year after you file this form?				
		No Yes. Explain					

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Fill in this information to identify your case:		
Debtor 1 Justin D. Debaltz Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois Case number (If known)	Che	eck if this is: An amended filing A supplement showing post-petition chapter 13 expenses as of

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Р	art 1:	Describe Your Hou	ıseho	ld				
1.	. Is this a	joint case?						
	Yes.	Go to line 2. Does Debtor 2 live in	a sep	arate household?				
		No. Yes. Debtor 2 must file	Officia	al Form 106J-2, <i>Exper</i>	nses for Separate Househo	old of Debtor 2		
2.	-	ve dependents? Debtor 1 or Debtor 2.		No Yes. Fill out this	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does depender with you?	nt live
	Do not sta names.	te the dependents'		information for each dependent	Son	8	□ No ☑ Yes	
3.	Do your e dependen	xpenses include expenses include expenses	nses c	f people other than y	yourself and your	⊠ No □ Yes		
Р	art 2:	Estimate Your Ong	going	Monthly Expenses	3			
e: th	xpenses as le applicable liclude expe	of a date after the ba e date	nkrup n-cash	tcy is filed. If this is a governmental assi	a supplemental Schedu	m as supplement in a Chile J, check the box at the value of such assistance	e top of the form ar	nḋ fill in
		es for property other tha xed to Schedule I.	n the o	lebtor(s)' primary resid	dence(s), if any, are reporte	ed in the Summary of Busine	ess/Real-Estate Incor	me &
N	ote: Monthly	payments that are being	g mad	e through the Chapter	13 Plan, if any, are not inc	luded in the expenses listed	on this schedule.	
							Your expenses	
4.		or home ownership e payments and any rent t			e. Include first	4.	\$1,550.00	
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.		
	4b. Prop	erty, homeowner's, or	renter	's insurance		4b.		

Doc 1

Page 2

			Your expenses
	4c. Home maintenance, repair, and upkeep expenses	4c.	
	4d. Homeowner's association or condominium dues	4d.	
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$315.00
	6b. Water, sewer, garbage collection	6b.	\$35.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$170.00
	6d. Other. Specify: N/A	6d.	
7.	Food and housekeeping supplies	7.	\$400.00
3.	Childcare and children's education costs	8.	\$375.00
).	Clothing, laundry, and dry cleaning	9.	\$185.00
0.	Personal care products and services	10.	\$200.00
1.	Medical and dental expenses	11.	\$250.00
2.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$300.00
3.	Entertainment, clubs, recreation, newspapers, magazine, and books	13.	\$55.00
4.	Charitable contributions and religious donations	14.	\$5.00
5.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c.	\$113.00
	15d. Other insurance. Specify: N/A	15d.	
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: N/A	16.	
7.	Installment or lease payments		
	(None)	17.	\$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I</i> (Official Form 106I)	18.	\$650.00
19.	Other payments you make to support others who do not live with you. Specify: N/A	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I (Official Form 106I)		
	20a. Mortgages on other property	20a.	
	20b. Real estate taxes	20b.	
	20c. Property, homeowner's, or renter's insurance	20c.	
	20d. Maintenance, repair, and upkeep expenses	20d.	
	20e. Homeowner's association or condominium dues	20e.	

Filed 05/09/17 Document

Doc 1

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Desc Main
Case number:

Your

			expenses
	20f. Other. Specify:	20f.	
21.	Other. Specify: N/A	21.	
22.	Calculate your monthly expenses.		
	22a. Add lines 4 through 21.	22a.	\$4,603.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	
	22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$4,603.00
		•	
23.	Calculate your monthly net income		
	23a. Copy line 12 (your combined monthly income) from Schedule I	23a.	\$5,660.46
	23b. Copy your monthly expenses from line 22 above.	23b.	\$4,603.00
	23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income	23c.	\$1,057.46
24.	Do you expect an increase or decrease in your expenses within the year after you file this	form?	
	For example, do you expect to finish paying for your car loan within the year or do you expect you because of a modification to the terms of your mortgage?	ur mortgage payment	to increase or de
	No		

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Fill in this information to identify your case:	
Debtor 1 Justin D. Debaltz	
Debtor 2	
(Spouse, if filing)	Check if this is an amended filing
United States Bankruptcy Court for the Northern District of Illinois	J
Case number	
(If known)	
Official Form 106Dee	
Official Form Tubblec	12/15
<u>Official Form 106Dec</u> Declaration About an Individual Debtor's Schedules	12/1

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?					
No Yes. Name of person <u>N/A</u> . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).					
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.					
/s/ Justin D. Debaltz 05/04/2017					
Signature of Debtor 1	Date 05/04/2017				
Signature of Debtor 2	Date				

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	Fill in this information to ident	tify y	our case:					
Debtor 1 Justin D. Debaltz								
	Debtor 2 (Spouse, if filing)					П	Check if this is an amended	
	United States Bankruptcy Court for t	the N	orthern District of Illi	nois			filing	
	Case number							
	(If known)							
O	fficial Form 107							
	atement of Financial A	ffai	rs for Individu	als Filing for Ba	nkrı	iptcy	04/16	
info	as complete and accurate as possormation. If more space is needed mber (if known). Answer every que	, atta estion	ch a separate sheet to n.	o this form. On the top o	f any			
1.								
2.	 During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. 							
3.	Within the last 8 years, did years, (Community property states are Texas, Washington, and Wisco No No Yes. Make sure you fill out	nd tei onsin	ritories include Arizo .)	ona, California, Idaho, I	ouisia.	community proper ana, Nevada, New M	ty state or territory? exico, Puerto Rico,	
Pa	art 2: Explain the Source	s of	Your Income					
4.	Did you have any income fro	m er	nployment or from	operating a business	duri	ng this year or the	wo previous calendar	
	years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. □ No □ Yes. Fill in the details.					ies. If you are filing a		
		Do	htor 1		De	htor 2		
			btor 1	Crass insams		btor 2	Crass income	
			urces of income eck all that apply	Gross income (before deductions and exclusions)		urces of income eck all that apply	Gross income (before deductions and exclusions)	
	From January 1 of current year until the date you filed for bankruptcy:		Wages, commissions, bonuses, tips Operating a business	\$36,363.3		Wages, commissions, bonuses, tips Operating a business		
	For last calendar year: (January 1 to December 31, 2016)	⊠□	Wages, commissions, bonuses, tips Operating a business	\$101,698.0	 8	Wages, commissions, bonuses, tips Operating a business		
	For the calendar year before that: (January 1 to December 31, 2015)		Wages, commissions, bonuses, tips Operating a business	\$62,825.9	0 0	Wages, commissions, bonuses, tips Operating a business		

	Sec laws	urity suits	, une ; roya	ne regardless of whether that income is taxable. Examples of other income are alimony; child support; Social employment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from alties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received it only once under Debtor 1.
	List	No		irce and the gross income from each source separately. Do not include income that you listed in line 4.
		Yes	s. Fill	in the details.
Pa	rt 3:		Li	st Certain Payments You Made Before You Filed for Bankruptcy
6.	Are	eith	er D	ebtor 1's or Debtor 2's debts primarily consumer debts?
		No.		ther Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as urred by an individual primarily for a personal, family, or household purpose."
			Dur	ing the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425.00* or more?
				No. Go to line 7.
				Yes. List below each creditor to whom you paid a total of \$6,425.00* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
			* Sı	bject to adjustment on 04/01/2019 and every 3 years after that for cases filed on or after the date of adjustment.
		Yes	s. De	otor 1 or Debtor 2 or both have primarily consumer debts.
			Dur	ing the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?
			\boxtimes	No. Go to line 7.
				Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
7.	Insie part seci	ders ner; uritie men No	inclu corp es; ar its foi	r before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Ide your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partners of which you are an officer, director, person in control, or owner of 20% or more of their voting and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include of domestic support obligations, such as child support and alimony.
В.	that	t be ı ude No	n efite payn	ar before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt ed an insider? The nents on debts guaranteed or cosigned by an insider. The all payments that benefited an insider.

Part 4:

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Identify Legal Actions, Repossessions, and Foreclosures

Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details

10.	 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ☒ No. Go to line 11. ☐ Yes. Fill in the information below. 						
	 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details 						
12.	2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☑ No ☐ Yes						
Pa	tt 5: List Certain Gifts and Contribut	tions					
13.	3. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☑ No ☐ Yes. Fill in the details for each gift.						
14.	 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details of each gift or contribution 						
Pa	tt 6: List Certain Losses						
15.	Within 1 year before you filed for bankrup fire, other disaster, or gambling? ☑ No ☐ Yes. Fill in the details	otcy or since you filed for bankruptcy, did	you lose anything	g because of theft,			
Pa	tt 7: List Certain Payments or Trans	fers					
16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details							
	Person who was paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment			
	Jeffrey Whitehead	Expense & fee retainer (including any retainer for the filing fee)	04/10/2017	\$620.00			

Person who was paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Jeffrey Whitehead 19 South LaSalle Street Suite 1202 Chicago, IL 60602 Email or website address: jeffwhitehead_2000@yahoo.com Person Who Made the Payment if Not You:	Expense & fee retainer (including any retainer for the filing fee)	04/10/2017	\$620.00

	Person who was paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment	
	CC Advising, Inc. 703 Washington Avenue #200 Bay City, MI 48708 Email or website address:	Fee for § 109(h)(1) briefing by approved nonprofit budget and credit counseling agency	04/10/2017	\$25.00	
	Person Who Made the Payment if Not				
	You:				
17.		otcy, did you or anyone else acting on you by you deal with your creditors or to make p you listed on line 16.			
18.	 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details 				
19.	 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details 				
Pa	rt 8: List Certain Financial Accounts	s, Instruments, Safe Deposit Boxes, and St	orage Units		
20.	benefit, closed, sold, moved, or transferred Include checking, savings, money market, or	otcy, were any financial accounts or instrued? r other financial accounts; certificates of depoves, associations, and other financial institution	sit; shares in bank	_	
21.	 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. 				
22.	Have you stored property in a storage un ☐ No ☐ Yes. Fill in the details.	it or place other than your home within 1 y	ear before you fil	ed for bankruptcy?	
Pa	rt 9: Identify Property You Hold or C	control for Someone Else			
23.	Do you hold or control any property that hold in trust for someone. ☑ No ☐ Yes. Fill in the details.	someone else owns? Include any property y	ou borrowed from	are storing for, or	
D.s	rt 10: Give Details About Environmen	stal Information			

Case number:

For the purpose of Part 10, the following definitions apply:

Doc 1

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Re	Report all notices, releases, and proceedings that you know about, regardless of when they occurred.						
24.	Has any governmental unit notified you that you may be liable or potentially liable une environmental law? ☑ No ☐ Yes. Fill in the details	der or in violation of an					
25.	Have you notified any governmental unit of any release of hazardous material? ☑ No ☐ Yes. Fill in the details						
26.	Have you been a party in any judicial or administrative proceeding under any environ and orders. ☑ No ☐ Yes. Fill in the details	mental law? Include settlements					
Pa	Give Details About Your Business or Connections to Any Business						
	Within 4 years before you filed for bankruptcy, did you own a business or have any or business? A sole proprietor or self-employed in a trade, profession, or other activity, either full A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Within 2 years before you filed for bankruptcy, did you give a financial statement to a Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below.	I-time or part-time					
Pa	art 12: Sign Below						
an fra	I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.						
	/s/ Justin D. Debaltz Signature of Debtor 1	<u>05/04/2017</u> Date					
	Signature of Debtor 2	05/04/2017 Date					
	Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ☑ No ☐ Yes						

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Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Yes. Name of person N/A -- the BkAssist software used to prepare this petition is licensed for use only by attorneys.

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Fill in this information to identify your case:	
Debtor 1 Justin D. Debaltz	
Debtor 2	Check if this is:
(Spouse, if filing)	☐ An amended filing ☐ A supplement disclosing
United States Bankruptcy Court for the Northern District of Illinois	additional payments or agreements as of
Case number (If known)	

Form BKA-2030

Disclosure of Compensation of Attorney for Debtor

12/15

Use this procedural form, if desired, to disclose the matters enumerated in 11 U.S.C. § 329 and Fed. R. Bankr. P. 2016(b).

Disclosure is required within 14 days after the order for relief or another time as the court may direct. A supplemental disclosure is required within 14 days after any payment or agreement not previously disclosed.

Attach a copy of the retainer agreement, if any.

Part 1: Compensation

	or legal services, I have agreed to accept\$4,000.00	
	rior to the filing of this statement I have received Retainer for legal services	
	Retainer for expenses, including the court filing fee \$310.00	
	alance Due	
2.	ne source of the compensation paid to me was:	
	Debtor ☐ Other (specify)	
3.	ne source of compensation to be paid to me is:	
	Debtor ☐ Other (specify) ☑ N/A	
4.	I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.	
	I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.	

Part 2:

Services

- 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy.
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan that may be required.
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters.

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United States Bankruptcy Court Northern District of Illinois Chicago Division

In re: Debaltz. Justin	Case No.
III Ie: Debaitz, Justin	Case No.

VERIFICATION OF CREDITOR MATRIX

I(we) verify that the attached list of creditors and the matrix file to be uploaded in this case are true and complete to the best of my(our) knowledge.

/s/ Justin D. Debaltz	05/04/2017
Debtor	Date

American Web Loan 2121 N. 14th Street Suite 130 Ponca City, OK 74601

BLATT, HASENMILLER, LEIBSKER & MOORE LLC 10 S LASALLE ST SUITE 2200 Chicago, IL 60603

Blitt and Gaines 661 Glenn Avenue Wheeling, IL 60090

Chris Jewula Contracting 5200 West Roscoe Street Chicago, IL 60641

Comenity Bank/Buckle PO Box 182273 Columbus, OH 43218

Comenity Bank/Express PO BOX 182789 Columbus, OH 43218

Comenity Bank/Harlem PO Box 182789 Columbus, OH 43218

Comenity Bank/Room Place PO Box 182789 Columbus, OH 43218

Direct TV PO Box 6550 Englewood, CO 80155

Fifth Third Bank 38 Fountains Square Plaza Cincinnati, OH 45263

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First Midwest Bank PO Box 580 Joliet, IL 60434

IC Systems
PO Box 64378
Saint Paul, MN 55164

Kinecta Federal Credit Union 1 Corporate Drive Suite 360 Lake Zurich, IL 60047

Loan Depot 26642 Towne Centre Drive Foothill Ranch, CA 92610

Mariner Finance 511 West Town Center Boulevard Champaign, IL 61822

MB Financial Bank 6111 N. River Road Des Plaines, IL 60018

Northwestern Medicine 28155 Network Place Chicago, IL 60673

Prosper Funding LLC 221 Main Street Suite 300 San Francisco, CA 94105

STATE COLLECTION SERVICE, INC PO BOX 6250 Madison, WI 53716

SYNCB/Care Credit PO Box 965036 Orlando, FL 32896

TARGET
PO BOX 660170
Dallas, TX 75266

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Fill in this information to identify your case:	Check as directed in lines 17 and 21:
Debtor 1 Justin D. Debaltz	According to the calculations required by this Statement:
Debtor 2 (Spouse, if filing)	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
United States Bankruptcy Court for the Northern District of Illinois	☑ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
Case number (If known)	☐ 3. The commitment period is 3 years.
	☑ 4. The commitment period is 5 years.
	Check if this is an amended filing

Official Form 122C-1

Calculate Your Average Monthly Income

What is your marital and filing status? Check one only.

Part 1:

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

×	Not married. Fill out Column A, lines 2-11.				
	Married. Fill out both Columns A and B, lines 2-11.				
	Fill in the average monthly income that you from all sources U.S.C. § 101(10A). For example, if you are filing on September monthly income varied during the 6 months, add the income for amount more than once. For example, if both spouses own the shave nothing to report for any line, write \$0 in the space.	15, the 6-month peri all 6 months and div	od would be March 1 t ide the total by 6. Fill i	hrough August 31. In the result. Do not	f the amount of your include any income
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and compayroll deductions).	nmissions (before a	l 2.	\$9,027.78	
3.	Alimony and maintenance payments. Do not include payment Column B is filled in.	ts from a spouse if	3.	\$0.00	
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.		\$0.00		
5.	Net income from operating a business, profession, or farm $% \left(1\right) =\left(1\right) \left(1\right) \left($				
	Gross receipts (before all deductions)	\$0.00			
	Ordinary and necessary operating expenses	\$0.00			
	Net monthly income from a business, profession, or farm		5.	\$0.00	
6.	Net income from rental and other real property				
	Gross receipts (before all deductions)	\$0.00			
	Ordinary and necessary operating expenses	\$0.00			
	Net monthly income from rental or other real property		6.	\$0.00	

Debt	or 1 Justin 25:00 Doc	2 1 Filed 05/09/1 Document	7 Entered 05 Page 44 of !	5/09/17 15:05:51 52	Desc M	lain _{Case number:}
7.	Interest, dividends, and royalties		3	7.	\$0.00	
8.	Unemployment compensation					
	Do not enter the amount if you contend t Social Security Act. Instead, list it here:	hat the amount received w	as a benefit under the			
	For you	\$0.00				
	For your spouse	\$0.00				
				8.	\$0.00	
9.	Pension or retirement income. Do not under the Social Security Act.	include any amount receive	ed that was a benefit	9.	\$0.00	
10.	Income from all other sources not list include any benefits received under the victim of a war crime, a crime against hu	Social Security Act or paym	nents received as a	ot 10.	\$0.00	
11.	Calculate your total current monthly i	ncome. Add lines 2 throug	h 10 for each column:	\$9,027.78 + \$0.00.		42 22
	Then add the total for Column A to the to				11.	\$9,027.78
Par			come			40.007.70
13.	Calculate the marital adjustment. Che				12.	\$9,027.78
	You are not married. Fill in 0 in line You are married and your spouse is	13	ine 13.			
	You are married and your spouse is					
	Fill in the amount of the income liste household expenses of you or your spouse's support of someone other. In the following lines, specify the baleach purpose. If necessary, list add	r dependents, such as payn r than you or your depender asis for excluding this incom	nent of the spouse's ta nts. ne and the amount of	ax liability or the		
	If this adjustment does not apply, e	nter 0 on line 13.				
	a.					
		Total:		\$0.00		
	Total. Add the previous lines and insert	the total here				to 00
	·				13.	\$0.00
14.	Your current monthly income. Subtract				14.	\$9,027.78
15.		•				
	Copy your total current monthly income f		\$9,027.78			
	Multiply by 12 (the number of months in a	a year).	\$108,333.36		_	
	The result is your annual income for this	part of the form.			15.	\$108,333.36
16.	Calculate the median family income the	nat applies to you. Follow	these steps:			
	16a. Fill in the state in which you live.		Illinois			
	16b. Fill in the number of people in your I	household.	2			
	16c. Fill in the median family income for household	your state and size of	\$65,659.00			
	To find a list of applicable median incominstructions for this form. This list may all	e amounts, go online using so be available at the bank	the link specified in	he separate	16.	\$65,659.00

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17.	How do	the lines compare?	
	17a. □	Line 15 is less than or equal to line 16. On the top of page 1 of this form, check box 1, <i>Disposable income is not det U.S.C.</i> § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form122C-2).	termined under 11
	17b. 🛚	Line 15 is more than line 16. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 1325(b)(3)</i> . Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 35 of the current monthly income from line 14 above.	r 11 U.S.C. § at form, copy your
Par	3:	Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)	
18.	Сору уо	ur total average monthly income from line 11.	\$9,027.78
19.	contend t	he marital adjustment if it applies. If you are married, your spouse is not filing with you, and you hat calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your income, copy the amount from line 13. If the marital adjustment does not apply, fill in 0: \$0.00	
	Subtract	this amount from line 18.	\$9,027.78
20.	Copy you Multiply b	e your current monthly income for the year. Follow these steps: In total current monthly income from line 19. By 12 (the number of months in a year). It is your annual income for this part of the form.	. \$108,333.36
21.	Line 3 ye Line com	the lines compare? 20 is less than line 16. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The colors. Go to Part 4. 20 is more than or equal to line 16. Unless otherwise ordered by the court, on the top of page 1 of this form, check to amitment period is 5 years. Go to Part 4. Sign Below	•
	/s/ Justi Signature	g here, under penalty of perjury I declare that the information on this statement and in any attachments is true and con D. Debaltz of Debtor 1 acked 17a, do NOT fill out or file Form 122C-2.	orrect.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 35 of that form, copy your current monthly income from line 14 above.

04/01/2019

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in lines 5 and 6 of Form 122C-1 and do not deduct any operating expenses that you subtracted from income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

5.

National Standards You must use the IRS National Standards to answer the guestions in lines 6-7.

5. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

6. **\$1,083.00**

Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories -- people who are under 65 and people who are 65 or older, because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Peo	ple who are under 65 years of age	
7a.	Out-of-pocket health care allowance per person	\$54.00
7b.	Number of people who are under 65	2
7c.	Subtotal. Multiply line 7a by line 7b.	\$108.00

People who are 65 years of age or older	
7d. Out-of-pocket health care allowance per person	\$130.00
7e. Number of people who are 65 or older	0
7f. Subtotal. Multiply line 7d by line 7e.	\$0.00

7g. **Total.** Add lines 7c and 7f. 7. **\$108.00**

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Debto	or 1	Justin 25 1 2 1 2 1 4 5 2	26 Doc 1		Entered (Page 47 of	05/09/17 15:05:51 f 52	Desc Ma	ain _{Case number:}
	Bas part		ne IRS, the U.S. T		•	al Standard for housing for b	ankruptcy purp	poses into two
		using and utilities - Insurusing and utilities - Mort						
	To a	nswer the questions in li	ines 8-9, use the	U.S. Trustee Program ch	art.			
		ind the chart, go online u	ising the link spec	cified in the separate instr	ructions for this f	form. This chart may also be	available at th	e bankruptcy
8.				ating expenses: Using the state of the state		ople you entered in line	8.	\$570.00
9.	Hou	sing and utilities - Mor	tgage or rent ex	penses:				
	9a.	Using the number of pelisted for your county for		d in line 5, fill in the dollar nt expenses.	amount	\$1,505.00		
	9b.	Total average monthly your home.	payment for all m	nortgages and other debt	s secured by			
			ch secured credit	payment, add all amounts tor in the 60 months after				
		Name of cre	editor	Average monthly payment				
		Total average monthly	payment. Enter h	nere and on line 33a.		\$0.00		
	00	Net mortgage or rent ex	(nonco					
	Sub			ent) from line 9a (mortgaç	ge or rent expen	se). If this amount is	9.	\$1,505.00
10.			rustee Program'	's division of the IRS Lo	cal Standard fo	or housing is incorrect	0.	V 1,000100
				y expenses, fill in any a				
	Ехр	ain why:					10.	\$0.00
11.	Loc	0. Go to line 14.1. Go to line 12.		number of vehicles for wh	iich you claim ar	n ownership or operating exp	ense.	
40	□	2 or more. Go to line 12		and Chardende and the				
12.		operating expenses, fill in		Local Standards and the record the control of the c			12.	\$236.00
13.	expe	ense for each vehicle bel	low. You may not	g the IRS Local Standards t claim the expense if you y not claim the expense fo	do not make an	ny loan or lease		
	Veh	nicle 1	N/A					
	13a	. Ownership or leasing c	osts using IRS L	ocal Standard		\$0.00		
	13b	. Average monthly paym	ent for all debts	secured by Vehicle 1.				
		Do not include costs fo	r leased vehicles	i.				
			actually due to ea	ent here and on line 13e, ach secured creditor in th de by 60.				
		Name of each credito	or for Vehicle 1	Average Monthly Payment				
		Enter the total here and	d on line 33b.			\$0.00		
	130	. Net Vehicle 1 ownershi	ip or lease expen	ise				
		Subtract line 13b from	line 13a. If this ar	mount is less than \$0, en	ter \$0.	\$0.00	13c.	\$0.00

Filed 05/09/17 Entered 05/09/17 15:05:51 Desc Main_{Case number:} Debtor 1 Justinas to 17/11/214526 Doc 1 Page 48 of 52 Document Vehicle 2 N/A 13d. Ownership or leasing costs using IRS Local Standard \$0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. **Average Monthly** Name of each creditor for Vehicle 2 **Payment** \$0.00 Enter the total here and on line 33c 13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this amount is less than \$0, enter \$0. \$0.00 \$0.00 13f. 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in \$0.00 the Public Transportation expense allowance regardless of whether you use public transportation. 14. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate \$0.00 expense, but you may not claim more than the IRS Local Standard for Public Transportation. 15. Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$2,517.62 Do not include real estate, sales, or use taxes. 16. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll \$0.00 17. savings. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life \$60.66 insurance other than term. 18. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in \$650.00 19. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar 20. \$0.00 services 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00 Do not include payments for any elementary or secondary school education. 21. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$142.00 23. Telecommunication services: The total monthly amount that you pay for telecommunication services, such as pagers, call waiting, caller identification, special long distance, business internet service, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you

previously deducted.

\$0.00

23.

Debte	otor 1 Jusa കെ 171214526 Doc 1 Filed 05/09/17 Entered 05/09/17 Document Page 49 of 52	' 15:05:51 Des	c Mair	Case number:
24.	. Add all of the expenses allowed under the IRS expense allowances.			
	Add lines 6 through 23.		24.	\$6,872.28
	Additional Expense Deductions These are additional deductions allowed by the Means Test. <i>Note</i> : Do not include any expense allowances listed in lines 6-24.			
25.	i. Health insurance, disability insurance, and health savings account expenses. The monthly e health insurance, disability insurance, and health savings accounts that are reasonably necessary yourself, your spouse, or your dependents.	xpenses for for		
	Health Insurance \$789.03			
	Disability Insurance \$0.00			
	Health Savings Account \$0.00			
	Total \$789.03		25.	\$789.03
	Do you actually spend the total amount shown on the previous line?			
	☐ No. How much do you actually spend? \$789.03			
	⊠ Yes			
26.	6. Continued contributions to the care of household or family members. The actual monthly exp you will continue to pay for the reasonable and necessary care and support of an elderly, chronica disabled member of your household or member of your immediate family who is unable to pay for expenses.	lly ill, or such	26.	\$0.00
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur the safety of you and your family under the Family Violence Prevention and Services Act or other f that apply.			
	By law, the court must keep the nature of these expenses confidential.		27.	\$0.00
28.	Additional home energy costs. Your home energy costs are included in your non-mortgage hous utilities allowance on line 8. If you believe that you have home energy costs that are more than the home energy costs include non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs	d in the		
	You must give your case trustee documentation of your actual expenses, and you must show that additional amount claimed is reasonable and necessary.	the	28.	\$0.00
29.	Education expenses for dependent children who are younger than 18. The monthly expenses than \$1,925.00* per child) that you pay for your dependent children who are younger than 18 years attend a private or public elementary or secondary school.			
	You must give your case trustee documentation of your actual expenses, and you must explain whamount claimed is reasonable and necessary and not already accounted for in lines 6-23.	ly the		
	* Subject to adjustment on 04/01/2019, and every 3 years after that for cases begun on or after the date of adjustment.		29.	\$0.00
30.	Additional food and clothing expense. The monthly amount by which your actual food and cloth expenses are higher than the combined food and clothing allowances in the IRS National Standard amount cannot be more than 5% of the food and clothing allowances in the IRS National Standard	ds. That		
	To find a chart showing the maximum additional allowance, go online using the link specified in the instructions for this form. This chart may also be available at the bankruptcy clerk's office.	separate		
	You must show that the additional amount claimed is reasonable and necessary.		30.	\$0.00
31.	. Continuing charitable contributions. The amount that you will continue to contribute in the form financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).		31.	\$5.00
32.	2. Add all of the additional expense deductions.			
	Add lines 25 through 31.		32.	\$794.03
	Deductions for Debt Payment			
33.	For debts that are secured by an interest in property that you own, including home mortgag loans, and other secured debt, fill in the following information.	es, vehicle		
	To calculate the total average monthly payment, add all amounts that are contractually due to each creditor in the 60 months after you file for bankruptcy. Then divide by 60.	n secured		

Debto	or 1 Jus	#ase 17tz14526	Doc 1 Filed 05/09/ Document		05/09/17 15:05:5 of 52	1 Desc Ma	in _{Case number:}
				J	Average monthly payment		
		Mortgages on your h	ome				
	33a.	Copy line 9b here			\$0.00		
		Loans on your first to	vo vehicles				
	33b.	Copy line 13b here			\$0.00		
	33c.	Copy line 13e here			\$0.00		
		Name of each creditor other secured deb		Does payment include taxes or insurance?			
	33d.						
	Total av	erage monthly payment.	Add lines 33a through 33d.			33.	\$0.00
34.			line 33 secured by your primapport or the support of your d		hicle, or other		
		Go to line 35.	pport or and support or your u	opondomo.			
	— Yes		you must pay to a creditor, in ad perty (called the cure amount).	dition to the paymer	ats listed in line 33, to		
	Na	me of the creditor	Identify property that secures the debt	Total cure amount			
	(None)						
	Total			\$0.00			
	Divide th	ne total by 60 and enter th	ne result here.			34.	\$0.00
35.	as of the No. No. Yes	e filing date of your ban Go to line 36.	such as a priority tax, child kruptcy case? 11 U.S.C. § 507 of all of these priority claims. Do sted in line 19.				
	Tot	al amount of all past-due	priority claims <u>\$3,690.00</u> ÷ 60 =			35.	\$61.50
36.	Projecte	ed monthly Chapter 13 p	olan payment. Fill in the following	ng information.			
	Projecte	ed monthly plan payment			\$1,969.54		
	Adminis	trative Office of the Unite arolina) or by the Executi	as stated on the list issued by the States Courts (for districts in Ave Office for United States Trust	Alabama and	6.60%		
	link spe		that includes your district, go or ructions for this form. This list m s office.				
	Average	monthly administrative e	xpense			36.	\$129.99
37.	Add all	of the deductions for de	ebt payment.				
	Add line	s 33 through 36.				37.	\$191.49
	Total De	eductions from Income					
38	Add all	of the allowed deduction	ns				

Debto	r 1 Justin D. Deba		DOC I	Document		e 51 of 52		5.05.51	Desc IVI	all ICase	number
	Copy line 24, All expense allowar	•	ses allowe		_	\$6,872.28					
	Copy line 32, All	of the addition	nal expen	se deductions		\$794.03					
	Copy line 37, All	of the deduc	tions for de	ebt payment		\$191.49					
	Total deductions								38.	\$7,8	57.80
Part	2: Determi	ne Your Dispo	sable Inco	me Under 11 U.S.C.	§ 1325(b)	(2)					
39.				om line 14 of Form 1 f Commitment Perio		hapter 13 Sta	tement of	Your	39.	\$9,02	27.78
	children. The month disability payments	thly average of for a depende ince with applic	any child sunt child, repo cable nonba	ou receive for support payments, fost orted in Part I of Form nkruptcy law to the ex	ter care pa n 22C-1, th	lyments, or nat you		40.	\$0.00		
	employer withheld f	rom wages as b)(7) plus all re	contribution equired repa	The monthly total of all is for qualified retirem yments of loans from	nent plans,	as specified		41.	\$0.00		
42.	Total of all deduct	ions allowed	under 11 U.	S.C. § 707(b)(2)(A).	Copy line	38 here.		42. \$	7,857.80		
	reasonable alternat	ive, describe th	ne special ci	ecial circumstances ju rcumstances and the rcumstances and doc	ir expense	es. You must g	give your ca				
	De	scribe the spec	cial circumst	ances		nount of xpense					
	(None)										
				Total	l:	\$0.00					
								43.	\$0.00		
44.	Total adjustments	. Add lines 40	through 43.					44. \$	7,857.80		
45.	Calculate your mo	onthly disposa	ble income	under § 1325(b)(2).	Subtract	line 44 from li	ne 39.		45.	\$1.16	69.98
Part	3: Change	in Income or	Expenses							* ,	
46.	Change in income change after the dathe wages reported	or expenses. te you filed you increased afte	If the incomur bankruptor you filed y	ne in Form 122C-1 or by petition and during our petition, check 12 curred, and fill in the a	the time y 22C-1 in th	our case will be ne first column	be open, fill	in the informa	ation below. F	or examp	le, if
	Form	Line	R	eason for change		Date of char	nge	crease or ecrease?	Amoun chang		
	□122C-1 □122C-2							ncrease Jecrease			
Part	4: Sign Be	low									
	By signing here, un	der penalty of	perjury you	declare that the inforr	mation on	this statement	t and in any	attachments	is true and co	orrect.	
i	/s/ Justin D. Deb Signature of Debtor	oaltz 1						05/04/20 Date MM/		_	
	Signature of Debtor	1						Date MM/	DD/YYYY		

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Fill in this information to identify your case:		
Debtor 1 Justin D. Debaltz Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the Northern District of Illinois		Check if this is an amended filing
Case number (If known) Official Form 121		

Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	For Debtor 1:	For Debtor 2 (Only if Spouse is Filing):		
. Your name	Justin			
	First name			
	D. Middle name			
	<u>Debaltz</u>			
	Last name			
Part 2: Tell the Court A	bout all of Your Social Security or Federal Indi	vidual Taxpayer Identification Numbers		
. All Social Security Numbers you have used	352-84-4667	N/A		
Numbers you have used	☐ You do not have a Social Security Number	☐ You do not have a Social Security Number		
. All federal Individual		N/A		
Taxpayer Identification Numbers (ITIN) you have used	☑ You do not have an ITIN	☐ You do not have an ITIN		
Part 3: Sign Below				
Under penalty of periury I decl	are that the information I have provided in this form	n is true and correct.		
orider perially of perjury, rueci				
/s/ Justin D. Debaltz		05/04/2017		
/s/ Justin D. Debaltz Signature of Debtor 1		<u>05/04/2017</u> Date		
/s/ Justin D. Debaltz				